

THE CURE OF VARICOCELE.

I believe it would be a strictly true statement to say that the belief is almost universal among medical students and junior practitioners that varicocele is a complaint practically incurable without operation, and that after a by no means difficult operation cure results almost as a matter of course. If there is any scientific objection to operation at all it is commonly supposed to lie in the fact that a small, a fractional percentage of cases die or at all events present very alarming symptoms which indicate how near to death the operation may bring an unlucky patient. All these ideas seem to me to be fostered by the text books, and especially by the practice of calling all non operative treatment "palliative" and all operative measures "radical."

After paying a good deal of attention myself to the exceedingly common complaint under notice, and after watching the practice of other surgeons who take a special interest in the subject, I have, year by year, grown convinced that the so-called "palliative" treatment may if properly executed be made more truly "radical" than the operative treatment often turns out to be, even when the latter is executed by experienced specialists.

Relapses so-called, after operation, are common but often they are not genuine relapses after all: they are rather cases in which only a small proportion of the veins affected have really been influenced by the operation, the rest having, from the first, escaped.

It is no doubt a fortunate thing that it is not possible by a subcutaneous ligature to tie every vein which carries blood back from the testicle, otherwise operation, as commonly practised, would be much more mischievous than it is. As a matter of fact I believe that often not half the veins are tied and that frequently the very veins which escape are those which are most varicose. No doubt experience, especially if accompanied by observation of the patients for long periods subsequent to operation, will enable a surgeon to do better and better, and probably beginners are sometimes made a little over-

cautious by proper respect for the cord ; but I have seen relapse or failure after operations done by skilled men who made this and allied classes of cases a specialty.

Further, after an open operation in which I carefully separated the varicose veins in several packets and tied each packet separately in two places, dividing the intermediate segments with scissors, also taking particular care to include every large vessel, in fact leaving alone no veins except a few small ones just to return the blood from the testicle, after an operation like this, I have seen a partial return of the varicocele within a few months.

Nor ought one to be surprised at this. The tendency to relapse after far more radical operations on varicose veins of the legs than are usually performed on varicocele is well known, and although the operations for varicocele have an anatomical advantage over those done for varicose veins with deep anastomoses like those of the leg, yet the conditions are sufficiently alike for the parallel to be of some value.

But the particular point of which I think the importance is least remembered is that varicoceles so frequently tend to spontaneous recovery, slowly perhaps, but none the less surely. Can anyone who has much occasion to examine the genitals of numerous men and youths of different ages doubt this ? How common is varicocele in early manhood compared to what it is in middle life ! It would be too absurd to suppose that this is because the young men with varicocele die. They survive, but their varicoceles very frequently do not, at all events in a state other than as shadows of their former selves.

With this great fact in mind, how can surgeons justly continue to regard the treatment of varicoceles by appliances as merely *palliative* ? If they were not satisfied that any appliance existed capable of assisting the tendency of time to work a cure I should have thought they would have not remained content until they had contrived one.

But as a matter of fact such an apparatus does exist. It is the suspender which I described in the *Lancet* nine years ago, and which has been worn by many persons since, benefiting nearly all, and, with the assistance of time and nature, curing some as radically as did any ligature ever tied.

The special feature of this suspender is that it gives just enough support to the dilated veins and no more. It can therefore, when properly adjusted, be worn for years without unduly compressing the testicles.

It is extraordinary how little pressure has to be applied to a varicocele in order to make or rather persuade its vessels to contract to normal calibre.

The material which gives the requisite degree of elasticity is *wool*; and I know of no other substance which will do it. India rubber in any form or combination is out of the question. One might as well use steel at once. The strength of its elasticity and its impermeability entirely unfit it for being the material out of which to make the bag of the suspender. On the other hand the strength, lightness, smoothness and stiffness of India rubber admirably fit it to be used in the accessories of the bag, wherein such qualities are particularly required.

The suspender is made by Messrs. Arnolds, of 36 West Smithfield, London.

There are, it is not to be doubted, varicoceles, which, from their size or from considerations personal to particular patients, require operative interference, but that does not destroy the truth of the statement that a varicocele may often be more radically, if not so quickly cured by prolonged use of a proper suspender than by operation.

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